



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2019 (mm/dd/yyyy format)

Year End: 09/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22810538
Outpatient Patient Service Revenue	\$144255922
Total Gross Patient Service Revenue	\$167066460

2. Deductions From Revenue

Contractual Allowance	\$93839473
Other Deductions	\$0
Total Deductions	\$93839473

3. Total Operating Revenue

Net Patient Service Revenue	\$73226987
Other Operating Revenue	\$4818253
Total Operating Revenue	\$78045240

4. Operating Expenses

Salaries and Wages	\$28287009	Employee Benefits	\$8156657
Depreciation and Amortization	\$5724753	Interest Expense	\$1558310
Bad Debt	\$4967887	Other Expenses	\$31515192
Total Operating Expenses	\$80209808		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2164568	Total Assets	\$96158981
Net Non-operating Gains over Loss	\$2173556	Total Liabilities	\$96158981

Total Net Gains	\$8988
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42928551	\$27292561	\$15635990
Medicaid	\$24334563	\$18264131	\$6070432
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$99803346	\$48282781	\$51520565
Total	\$167066460	\$93839473	\$73226987

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$81080	\$0	\$81080

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$1212	\$48125	\$-46913

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	265
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$1632869
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$767448	
HCI Payments	\$0		
Subtotal	\$0	\$767448	\$-767448
Medicaid Shortfalls	\$6070432	\$11437245	
Subtotal	\$6070432	\$12204693.43	\$-6134261.43
DSH Payments	\$0		
Subtotal	\$6070432	\$12204693.43	\$-6134261.43
Medicare Shortfalls	\$15635990	\$20176419	
Other Government Programs	\$0	\$0	
Total	\$21706422	\$32381112.43	\$-10674690.43

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1212	\$48125	\$-46913
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$106289	\$-106289
Other Allocations	\$0	\$0	\$0

Comments

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